TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Dr. David Weisoly **Topic: Call to Order/Approval of Minutes**	Dr. Weisoly welcomed the group. Minutes from the March 9, 2022, meeting was approved with no changes. Attendance will now be tracked by going to www.setrac.org/perinatal. This is where you will also enter your code words.	The committee has no further recommendations
Presenter: Divya Patel **Dr. Elizabeth Eason, MD** **Topic: Newborn Admission Temperature Project**	Divya Patel presented on TCHMB Newborn Admission Temperature (NAT) project. Slides were shown on TCHMB's Texas Collaborative for Healthy Mothers and Babies (Texas Perinatal Quality Collaborative May 2022 Updates). The goal of the project is to implement evidence-based guidelines to increase the proportion of newborn infants with admission temperatures within normal limits. It is a quality and safety project with the focus on collecting and reporting data and disseminating some evidence base guidelines probably in late August early September, and helping hospitals get on board with implementing those guidelines within their settings and looking at the data to see their improvements. To date there are 159 hospitals enrolled in the NAT project (69%) distribution around the state covering rural, urban, border and non-border. Consistency and comparison data submitted by RAC was shown. They are pleased that they can now report on race and ethnicity differences in some of the outcome measures something that was not possible before. They have three quarters of data reporting on the website. Resources and tools for hospitals and help with the data collection. https://www.tchmb.org/newborn-admission-temperatureThey are working on a dashboard where they will be able to show the data by RAC. NAT Data Office Hours Wednesday 12-2pm CDT – Link: https://zoom.us/i/94186301317?pwd=SIFaYUhWMmVpYXVuQTZocThldmEyZz09. Meeting ID: 941 8630 1317 – Passcode 123559 – Dial by location +1-346-248-7799 US (Houston). Hospitals can reach out to TCHMB with any questions: nat@usystem.edu Dr. Eason reported that they are looking at starting a CCHD screen project a potential statewide project it is still in the planning process. There are still 6 sites in this RAC that have not submitted their data she asked that they please submit their data.	The committee has no further recommendations
Presenter: Dr. Eppes **Topic: OB Committee:**	Dr. Epps announced Kelli Burroughs as the OB committee representative. Their project is focused on the postpartum period when patients present the	The committee has no further recommendations.

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○ **Texas Collaborative for Healthy Mothers and Babies**	emergency department. About 11% of pre-eclampsia and eclampsia deaths related to those etiologies 50% are in the postpartum period which is the group's focus. Black mothers are disproportionately at a higher rate of delivery hospitalization involving hypertension disorders severe maternity and morbidity in Texas. PRAMS data shows there is a disparity in the rate of patients coming back for their postpartum checkup. Lack of continuity of care was 17% of facility's contributing factors. Lack of care coordination was 14% of provider's contributing factors to pregnancy related death identified by the Texas MMMRC. The project goals were given and how they will accomplish them. Emergency Departments are the key stakeholders. Partnership between TCHMB and the RAC PCR alliance is critical. The project now has a co-emergency medicine physician lead and number of emergency medicine nurses that strengthen the way they work. The project will be implemented through TCHMB's partnership with the RAC Perinatal Care Region (PCR) Alliance and will be coordinated with the Texas AIM implementation of the Hypertension Bundle. A select group will work on setting the standard of care which is not currently evidence based in the integration between SETRAC and the ED and in the specific data collection. The project's aim by the release of the Texas 2028 MMMRC and Texas DSHS joint biennial legislative report, Texas will reduce the percentage of pregnancy related deaths within 42 days of delivery linked to preeclampsia from 11% to 5%. Structure Measures for all ED and L&D units were discussed (a policy outlining the triage, consultation, admission, and treatment process). All ED physicians, advance practice providers, and ED nurses will be educated on the hospital unit plans and protocols for postpartum patients presenting with elevated blood pressure and symptoms of preeclampsia in the ED. Recognition and Response to Postpartum Preeclampsia in the ED Proposed Measures and Goals were discussed. PPED Project Timeline June 2022 – October 2022. The goal is to finalize it to send out the recruitment packet and start recruiting hospitals with the goal of mirroring Aim involvement. For more information on the preeclampsia project in the ED, email tchmb-PPED@utsystem.edu. Project website: https://www.tchmb.org/pped TCHMB Annual Summit 2023 – Social Determinants of Health and how they impact maternal and neonatal health outcomes. Dates: February 15th - 17th from 2023. Precession offerings Quality Improvement Race Equity	

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	Workgroup and Neonatal group. They are in the process of developing the agenda and speakers. Race Equity Workgroup: Strategic plan for addressing health equity in each QI project. Project Plans: Do a baseline assessment. Have a plan to specifically eliminate existing disparities. Have a plan to measure potential disparities by real data and geography. The Data Committee is in the process of announcing co-chairs and sending out information to collect the cost requirements when requesting funding. Dr. Epps will send the presentation to Tonya for anyone that would like a copy.	
Presenter: Dr. Eugene Toy **Maternal Mortality & Morbidity Workgroup Update:**	The workgroup met two weeks ago on: Prioritizing Interventions, Impressions on what interventions have highest effect on improving patient safety, Informal survey process, Providing some input to other communities in Texas and other states. The plan: to rate each intervention on a scale of 1 to 6 1 being the least and 6 being the highest based on their impression of effectiveness in decreasing maternal morbidity and mortality. Survey results were given. Updates: New maternal rules – formal public comment likely June 2022 (open for 30 days) was supposed to be posted last month. Proposed adoption September 11, 2022 (begin). Hospital implementation of PASD October 1, 2022 (begin) and Full implementation January 1, 2023, full implementation for all maternal new rules including PASD. Maternal Rule Proposals were shown. Dr. Toy will send the slides to Tonya.	The committee has no further recommendations.
Presenter: Marty Delaney **Topic: Perinatal Workgroup Updates**	Marty reported that the workgroup is reformatting getting recalibrated. They have 2 Co-chairs now Heather Lozada and Tracie Dauwe. They are working on the NRP training project for EMS. A survey will be sent out to see who is interested. They have applied for a grant for more funding to expand to a larger group. Next goal is to see how to work with EMResource on bed availability for moms and babies and other tools they have.	The committee has no further recommendations.
Presenter: Dr. David Weisoly **Topic: Low Birth Weight Infant Mortality Workgroup**	No update for this group still working on identifying Co-leaders for the workgroup. The workgroup will continue to meet twice in between the SETRAC committee meetings. If interested, please contact Dr. Weisoly and Kendra Folh.	The committee has no further recommendations

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Presenter: Dr. Madhu Kulkarni & Jon Fry **Topic: Perinatal QI Workgroup** • **Q3 and Q4 2021 Data**	Dr. Kulkarni gave an update on SETRA Perinatal Database Workgroup. All the data base users should have received a letter from SETRAC with their database submission status. Neonatal Database submission for 34 (hospital maternal) sites was shown at 60-70% need to work on it. Perinatal Database- data submission is a requirement for meaningful participation in SETRAC and could affect level of care designation with the Department of State Health Services. Please submit your data. Dr. Kulkarni gave her and Jon Fry's contact information for any questions mkulkarn@bcm.edu or Jon Fry jon.fry@harrishealth.org. Dr. Weisoly stressed the importance of submitting their data.	The committee has no further recommendations
Presenter: Dr. Tiffany Molina & Dr. Elizabeth Sager **Topic: Perinatal QI Project Group Updates** • **Breastmilk at Discharge**	Dr. Molina presented on the Breastmilk at Discharge project. They have been meeting monthly their next meeting is June 23, 2022, at 2:00 pm via zoom. Had great participation going through the toolkit to see how the group is doing and what they would like to see. Project Goals were shown Project Aim - by January 1, 2023, they will increase the percent of infants discharged from SETRAC NICUs receiving mother's own milk by 10% from 2020 rates. All NICU admits (SETRAC goal >80%) previously reported 62.4% 2019 and 69.1% 2020. VLBW (BW<1500 g) (SETRAC Goal >40% previously reported 26.6 % 2019 and 31.1% 2020.Tiered Strategies for Improvement was discussed. The data dictionary is on the SETRAC webpage for any questions regarding data. They are getting ground data now. To see how to improve they need to know the adjusted numbers. Any baby admitted to NICU will be counted in the denominator once they leave NICU they will be included in the discharge. Resources can be found on the main SETRAC webpage at https://www.setrac.org/perinatal under Breastfeeding at Discharge link. Mid-Year survey https://www.sureveymonekey.com/r/MLLJFHX please complete by July 12th. Request for two units monthly to share ongoing breastmilk projects. To sign up to share best practices during the Breastmilk QI meetings https://www.signupgenius.com/go/!)C0E4EA772A3FAC16-qiproject Next project meeting will be June 23, at 2:00pm via Zoom. Please turn in your regular perinatal data.	The committee has no further recommendations
Presenter: Dr. Hanine Hajj & Soji Tom **Topic: Perinatal QI Project Group Updates**	Dr. Hanine Hajj presented on the SETRAC Antibiotics Timeliness in the NICU. The project was lodged June 2020 with a toolkit posted online on the	The committee has no further recommendations

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• **Antibiotic Administration**	Dr. Hajj presented an update on the SETRAC NICU Antibiotics Timelines. The project started in June 2020 with a goal of measuring the percentage of NICU infants receiving antibiotics in the first week of life more than 1 hour after order/birth (if order placed prior to birth). The current percentage - 41% in 2020 the project goal is to decrease percentage to 31% by June 2022. Which would put the whole SETRAC under the bronze level where the percentage is between 20%-30%. They have been having regular meetings. Data trend was shown of the SETRAC project launch between 2019 and 2022 Q1. Overall data for 2021 reached the goal of 30% so far from 2022 it is very promising with a percentage of 26%. Dr. Hajj thanked all participants in the project for their efforts. March 2022 survey 100% of the responders already have a QAPI in place in their NICU. One of the biggest challenges in meting antibiotic timeliness was IV Access and pharmacy delays. At the last meeting in May they brainstormed about what units had done to improve their time in IV access some of the ideas were discussed (education of the nurses to prioritize access after the baby gets to the NICU-take a temp, put the EKG leads and O2sat, no BP, no glucose, no FOC or length, prep the baby for lines or IV access., prioritize UVC and BC draw, consider IM dosing for older babies. Resources are available on SETRAC website www.setrac.org/perinatal under Antibiotics timeliness tab. Ordering process was discussed. The next workgroup meeting will be July 19, 2022, at 10:00am set for the third Tuesday of the month every other month. Please submit data so they can see where they are.	
Open Discussion	Dr. Weisoly shared an update from the Texas RAC PCR Alliance. They had a General RAC Perinatal Committee meeting on May 24, 2022. The RAC PCR Alliance is the Perinatal Committee Chairs from all 22 of the RACs in the state as well as the RAC Executive Directors. Lori Upton our interim RAC Executive Director, Kendra Folh, and Dr. Weisoly was present at the hybrid meeting that took place in Austin. The meeting was a robust meeting on the statewide perinatal database, the process, and where we are. A lot of information will be coming soon he cannot emphasize how important that is. TCHMB, RAC PCC Alliance, DSHS and everyone else working together to be prepared to present for funding at the next legislative session coming up very	The committee has no further recommendations

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	soon. Tell those who need to know that have power at the statewide level how important it is that we have gone through a massive level of care designation process and believe that things have been done to improve care in the state of Texas for mothers and babies. There is zero data on it. SETRAC database is the only data that is out there. It is time to prove it. It will help us to target what we need to be doing for mothers and babies as well. The RAC PCR Governance Alliance was discussed. DSHS have been doing monthly information session for maternal and neonatal (levels 1,2,3, and 4) heavily focused on rule changes and QAPI process standardization. The goal is that all the changes to the rules will be finalized by September 11, 2022, and implemented by October 2022, with surveyors by January 1, 2023, expected to be reviewing your sites for compliance at that point. All the information is available on DSHS website. There will be a 30-day comment period any day all comments will be public it does not mean they will change anything but there is a potential for change based upon it. We are expected to be complaint. On the Neonatal side there is expectation by the end of October they will be codified. The Neonatal rules will be expected to be implemented by all surveyors by June 2023 and going forward. Please realize the information is already there it is important to start changing our processes to be complaint. What happens after these are codified in September, OB, and the maternal rules in October 2022. For the Neonatal rules, the state is going to be involved in helping to train the surveyors from all the surveying organizations to make sure they understand what the compliance will be for these processes. Telemedicine, and Cardiac rules for ECO will be completely different. A large amount of this is QAPI. There will be townhall meetings every month two for Maternal and two for Neonatal they can be found on the DSHS website.	
Adjourn / Next Meeting	Dr. Weisoly adjourned the meeting. Next meeting will be in person Wednesday, September 14, 2022, 1:30pm to 3:00pm	Code Words Spring/Summer